



PTO/SB/82 (09-03)

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Application Number	101719975
Filing Date	11/21/2003
First Named Inventor	Glenn L. Beane
Art Unit	
Examiner Name	
Attorney Docket Number	1529-003

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

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I am the:

- Applicant/Inventor.
 Assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name			
Signature	Glenn L. Beane		
Date	2/9/2004	Telephone	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of _____ forms are submitted.

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(to be used for all correspondence after initial filing)

		Application Number	10 / 719975
		Filing Date	11/21/2003
		First Named Inventor	Glenn L. Beane ✓
		Title	Method, System and Computer Program for Controlling a Hydraulic Press
		Examiner Name	
Total Number of Pages in This Submission	5	Attorney Docket Number	1529-003 ✓

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please identify below):
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<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Paul Remus
Signature	
Date	February 12, 2004

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Date	February 12, 2004

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